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# NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

**ELISABETH ROBINSON SCOVIL**

THE USE OF AMMONIA IN COUNTERACTING THE FUMES OF FORMALDEHYDE.—In an article in the *New York Medical Journal* Dr. E. V. Wilcox advocates the use of ammonia to neutralize the fumes of formaldehyde when used for purposes of fumigation. In his experiment the sick room, which had been occupied by a scarlet fever patient, contained fifteen hundred cubic feet of space. Two quarts of methyl alcohol were consumed in a formaldehyde generator and three pounds of commercial formaldehyde were exposed on sheets. As soon as the room had been ventilated sufficiently to make it possible to work in it, three pints of ammonia were sprinkled over the rugs and bedding and the room was closed again. The fumes of formaldehyde were completely destroyed in half an hour, except when it had been spilled on the floor and left an incrustation. The application of ammonia to these spots caused the odor to disappear at once.

WRITERS' CRAMP.—*The Medical Record,* quoting from *Archives de Neurologic,* says: "The following plan was successfully used by Hartenberg to cure a case of writers' cramp. The patient, who had suffered from the condition for about fifteen years, was instructed to apply a rubber tube firmly around the biceps for twenty minutes at a time every morning and evening. At the end of a few weeks the patient had almost entirely recovered."

RECTAL FEEDING.—*The Wisconsin Medical Journal* says: "Becker proceeds in this way: The number of meals in twenty-four hours should not exceed two, one meal in the morning and one late at night. One hour before the morning meal a suppository of opium and belladonna is introduced, and then an hour later the rectum is carefully cleansed with lukewarm water to which some salt is added—it need not be physiological salt solution. The temperature of the cleansing water should range—like the other things introduced into the rectum—from 42 to 45 degrees centigrade. It should be introduced into the rectum with moderate force in moderate quantities, say 150 c.c. at a time, and the tube should remain in the rectum for the return of the soiled water. A good-sized rectal tube should be used for the cleansing, and the tube should have a rather wide lumen, and should not be too flabby. The introduction and the letting out of the water are repeated until the water returns absolutely clean. Then the tube is turned and pushed in and out several times to ascertain and insure that all the water, or at least as much as possible, has left the colon and rectum. Now the patient is given a short time of rest, say fifteen or twenty minutes, after which the rectal meal is introduced. The same rectal tube is used and is introduced about 15 c.m., and then the meal, 200 c.c., at most 250 c.c., is slowly introduced at a temperature of from 42 to 45 degrees."

POISON IVY.—Dr. C. G. Am Ende says in *The Medical Record:* "Since there is apparently much doubt as to the best method of treatment of the dermatitis of rhus poisoning, the information may be of interest that in the powdered crude sulphur of the stores we possess a remedy everywhere obtainable and usually promptly successful. Its application is best made by mixing it with a little water, and perhaps a few drops of glycerin, this to be rubbed over the affected area two or three times a day. Next best is its use mixed with just sufficient lard to bind it. As to the time of activity of the poison I remember a patient who infected himself in early spring before the appearance of the leaves by tearing out roots in a clearing for garden culture."

WHEN SHOULD LAPAROTOMIZED PATIENTS BE ALLOWED TO GET OUT OF BED?—*The American Journal of Surgery,* quoting from a German journal, says: "In Landau's gynecological clinic in Berlin, with which the author, Karl Hartog, is connected, the patients are allowed to get up on the fifth to the ninth days after abdominal section. The advantages claimed are: 1. More rapid convalescence. 2. Elimination of lung complications. 3. Improvement in the digestive functions. 4. Lessened risk of thrombus or embolus formation."

CHEAP SURGICAL DRESSING.—*American Medicine* makes the following statement: "Military journals say that at a cost of twenty-four cents Japanese doctors can dress the wounds of five hundred men. They use a finely powdered charcoal obtained by the slow combustion of straw in closed furnaces. Sachets filled with it are applied to the wounds, and its antiseptic and absorbent qualities generally effect a rapid cure."

THE TYPHOID BACILLUS IN THE URINE.—*The New York Medical Journal,* quoting from the *Glasgow Medical Journal,* says: "It is not a little remarkable that a complication of typhoid apparently permitting of such easy proof was only made known so recently. Before a few years ago the danger of the spread of infection by the urine was scarcely taken into consideration. It is now fairly well established that the bacilli appear in the urine in about one-fourth to one-third of all the cases. Their appearance in the urine is at earliest towards the end of the second week; usually later, and most frequently not till convalescence. The bacilli may be so few in number in the urine as to produce no evident change in its physical character. As a rule, however, they appear so suddenly and in such numbers as to render the urine cloudy. The number of typhoid bacilli excreted in this way is enormous. Petruschky found more than one hundred million per c.c. Their appearance may coincide with the presence of some albumen and even a slight amount of blood. On the other hand, the shedding of the bacilli may be attended with very severe kidney disturbance, marked by profuse and long continued hemorrhage. The bladder in the majority of cases remains unaffected, and, indeed, the bacilli may continue to be shed in enormous numbers without giving rise to any subjective discomfort. This lightness of the affection causes the condition to be overlooked, and in this way the spread of the disease is facilitated."

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INGROWING TOE-NAIL.—*The American Journal of Surgery* says: "It is doubtful whether the classical operations for ingrown toe-nail cure permanently in even a fair percentage of cases. Conservative treatment will usually accomplish as much, even in the presence of granulating masses. This treatment includes drawing the flesh away from the nail with a strip of adhesive plaster, insertion of a gauze packing under the nail edge and the application of an absorbent antiseptic dressing."

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CLEANLINESS OF EAR.—The same journal states that "in fractures of the base of the skull with bleeding from the ear it is necessary to keep the auditory canal absolutely clean in order to prevent infection of the meninges."

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INSECTS AS TRANSMITTERS OF DISEASE.—*American Medicine* says: "The spreading of disease by insects is now proving to be much more common than was believed to be the case but a year or two ago or even a few months ago. The greatest attention has hitherto been given to those diseases wherein the insect acts the part of a secondary host in whom the parasite undergoes some kind of change not possible in man—malaria, yellow fever, filaria, Texas fever, etc. It is interesting to find increasing attention being given to the possibility of the mechanical transmission of infective organisms from man to man by means of the commoner insects, flies, bedbugs, roaches, and fleas. There is no reasonable doubt that in recent wars flies were responsible for the transfer of typhoid bacilli from open lactrines to foods which were not screened. A revolution in the care of the sick necessarily results in private practice as well as in hospitals. It is evident that each infective patient must be carefully protected from flies and other insects, otherwise he is dangerous to every one in the immediate neighborhood."

SITE OF SUBCUTANEOUS INJECTION.—*The Medical Record,* quoting from *Deutsche Medizinische Wochenschrift,* says: "The axilary regions are recommended by Klose as being the best situation in which to inject antitoxin or similar preparations, as the skin is freely movable, is well padded with fat and connective tissue, and the lymphatics are well developed."

BICHLORIDE GAUZE.—*The Clinical Review* is responsible for the following: "According to Powell, the following is a convenient method of preparing this surgical dressing: Take ordinary cheese-cloth and boil in water made alkaline by the addition of common washing soda; wring the cloth out in hot water; boil again in plain water; then run through a bichloride solution 1: 200 and pack away moist in sterile jars. This gauze, immediately before using, should be wrung out in a solution of bichloride, 1 :1000."

VINEGAR AS A HEMOSTATIC IN GYNECOLOGY.—*The New York Medical Journal* says: "Gilly (*Gazette de gynécologie,* January 15, 1907) reminds obstetricians that in every cottage there is a valuable hemostatic which can be utilized in an emergency. A pint of vinegar, a tablespoonful of table salt, and a couple of clean handkerchiefs, are always at hand. In a profuse hemorrhage following a miscarriage or after labor, the patient is made to drink half a glassful of pure vinegar, and the vagina is tamponed with the handkerchief moistened with the vinegar and salt. This is done with the patient in the obstetrical position lying across the bed with her head low, the thighs and legs strongly flexed, and the hips at the edge of the bed. The vagina is cleared of clots before introducing the tampon. The bleeding stops immediately, but the patient is kept for a time in this position until reaction takes place, which is hastened by an enema of a quart of normal salt solution. The simultaneous internal administration of vinegar by the mouth, he regards as an important aid to the local hemostatic. This agent, although having a flora of its own, is known to be bactericidal to pathogenic varieties of microörganisms. It may be given in its ordinary state, or, if there is time, it may be filtered and boiled previous to use."

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RELATION OF BIRTH RATE TO POPULATION.—*The Medical Record* says: "In a recently published report on British vital statistics, the Registrar-General, Sir William Dunbar, expresses the opinion that moderate birth rates, associated with low mortality among children, may be more effective toward keeping up the population than high rates associated with high mortality. He asserts that a high birth rate does not necessarily involve a larger effective addition to the population than does an average or even a low birth rate. In too many cases high birth rates are associated with excessive sickness and mortality during the first few years of life, the result being that fewer than the normal proportion of children survive for five years, while those who do survive have fallen below the normal standard of physical fitness. The statistics gathered have led to the conclusion that during the past thirty-five years about seventeen per cent. of the decline in the birth rate was due to a decrease in the proportion of young married women. About ten per cent. was due to a decrease in illegitimacy, while regarding the remaining seventy-five per cent. of the decrease, although a proportion was due to reduced fertility ascribable to changes in the age and constitution of married women, there is little doubt that the great part was due to deliberate purpose."

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"THE value of work has been so emphasized of late that it might be superfluous to more than mention it here. There is no truer saying than that 'the devil finds work for idle hands to do.' You will always find something to busy yourself with if you look sufficiently earnestly. Systematic, conscientous work is the only highway to success. 'If you wish to be happy and contented, work. If you wish to help yourself, work. If you wish to help others, work. If you wish to keep out of mischief and bad habits, work. If you wish to be prosperous, work; and when you do not know what else to do with yourself, just turn in and work.'"